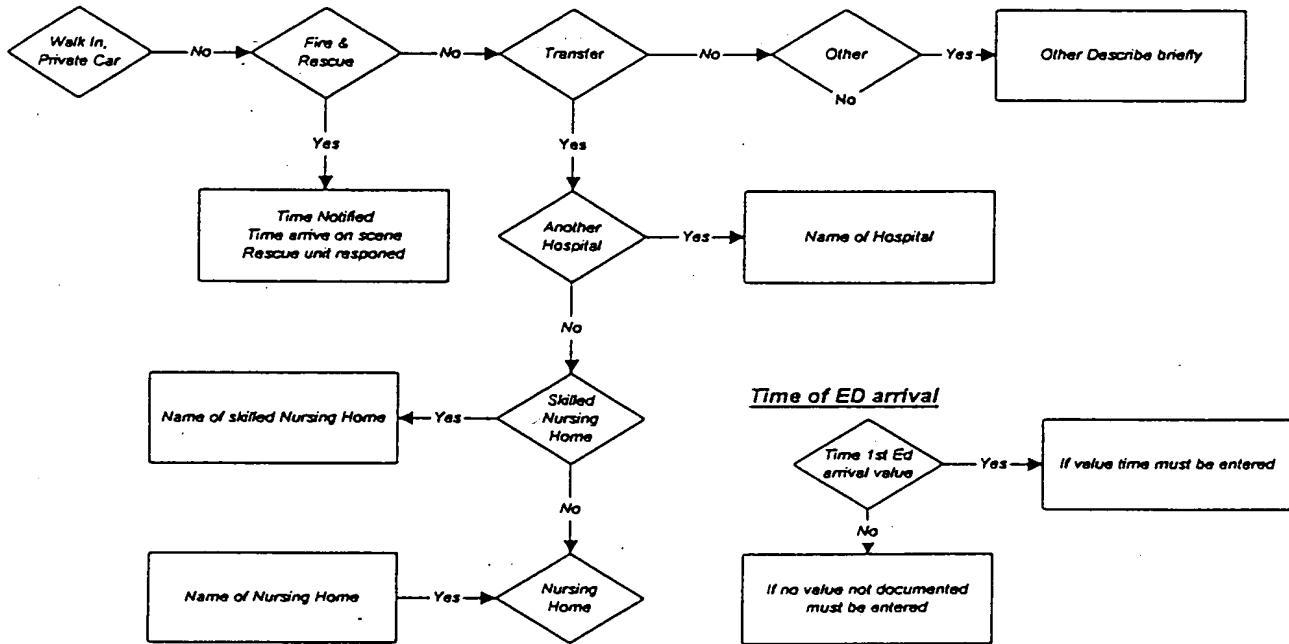


874060  
081563642

120  
630

30  
1-25

### MODE OF ARRIVAL



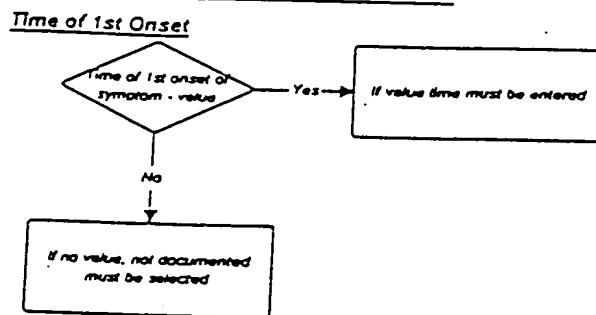
**FIG. 1**

BEST AVAILABLE COPY

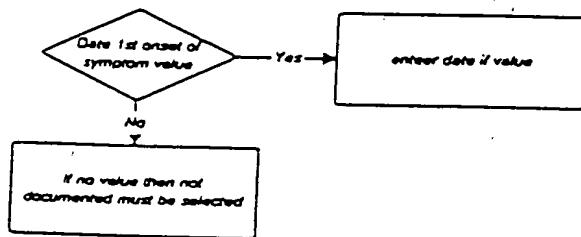
AFG

08/563642

PATIENT SYMPTOMS



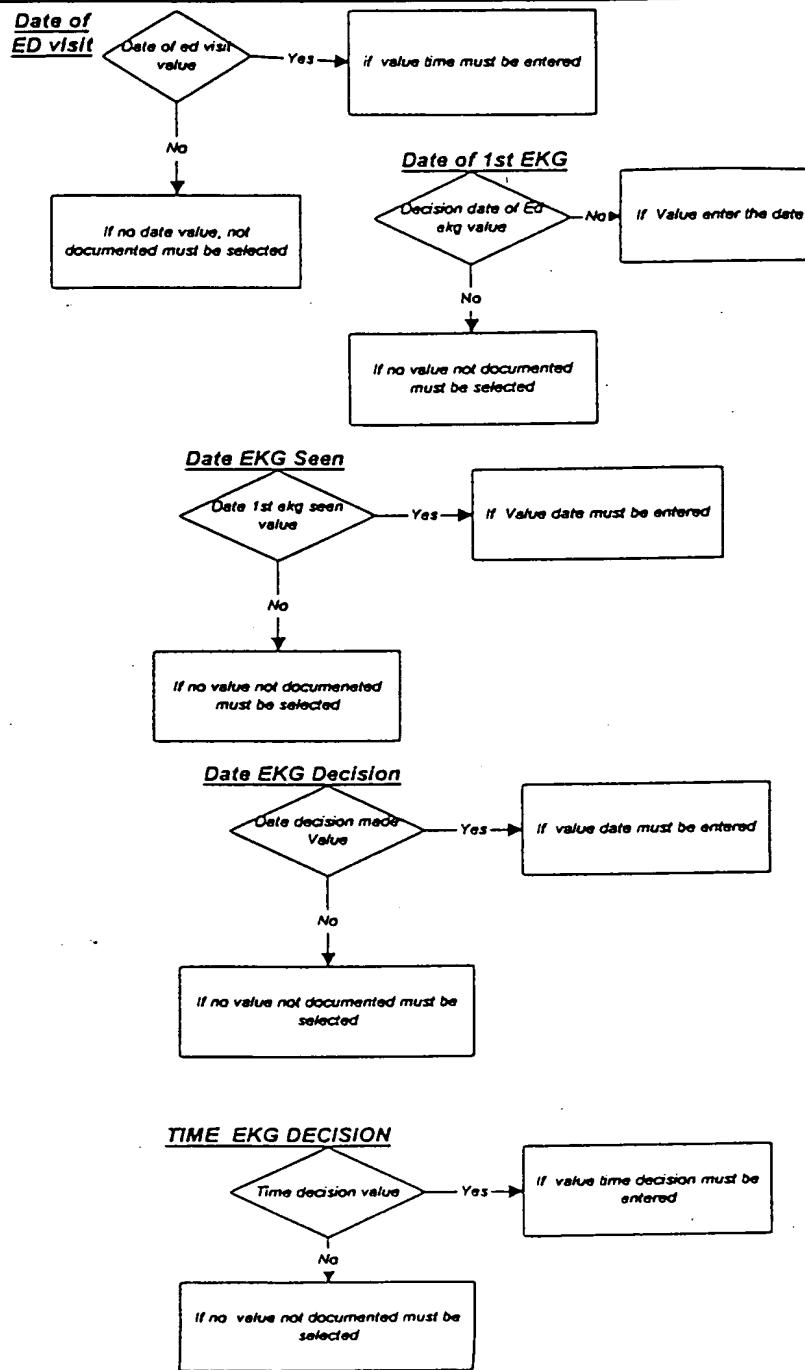
Date of 1st Onset



**FIG. 2**

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### TIME STAMP AND THE PATIENT CARE PROCESS



**FIG. 3**

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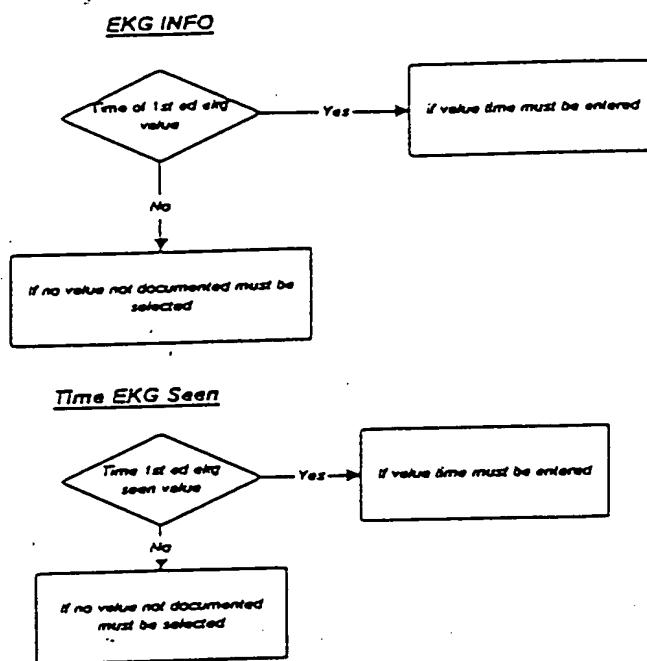


FIG. 3A

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Diagnostic acute Ischemia/Infarction

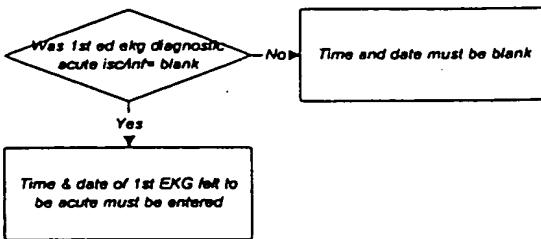


FIG. 4

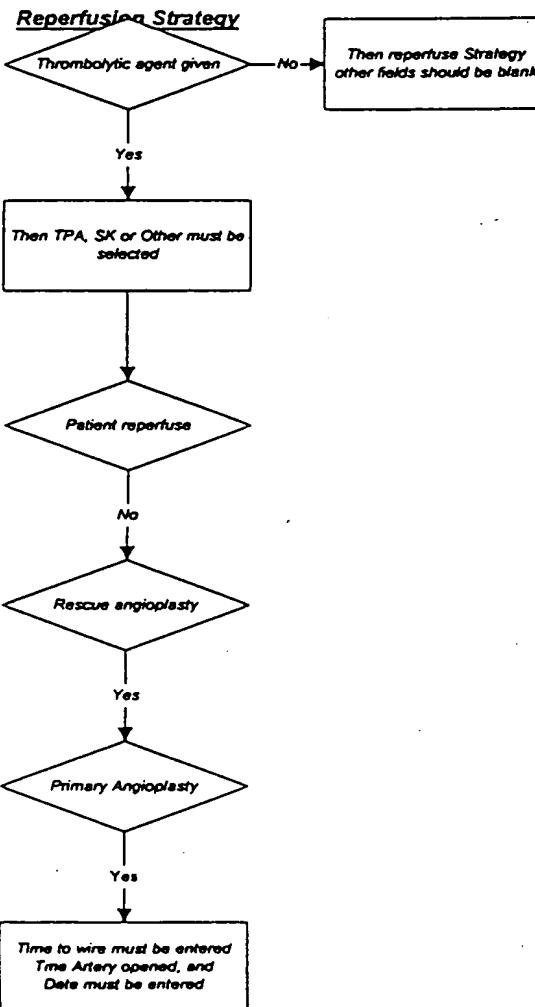


FIG. 5

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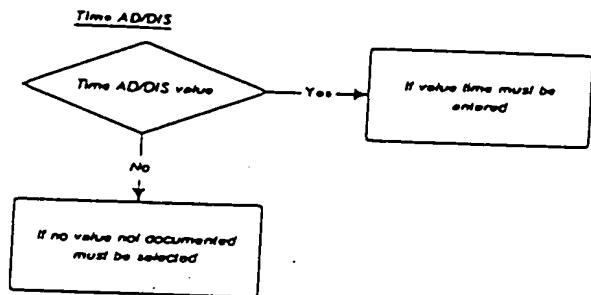


FIG. 6

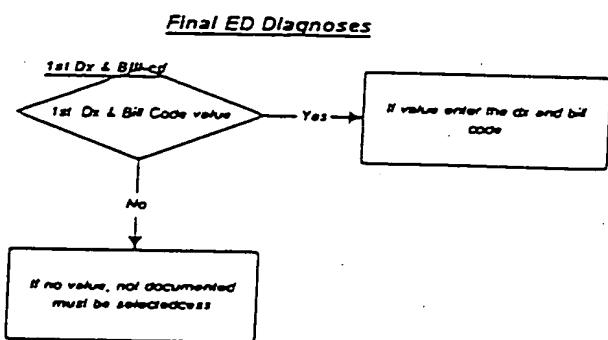


FIG. 7A

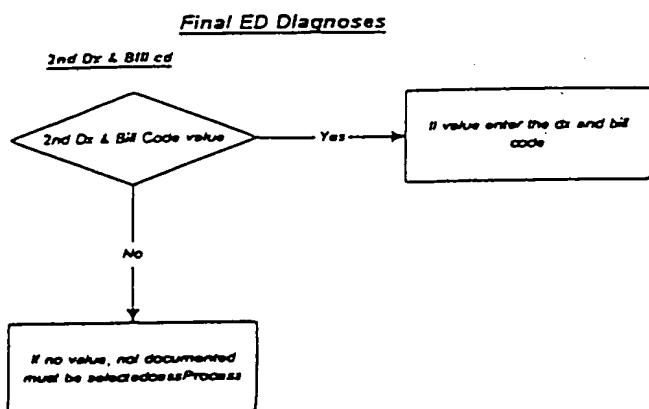
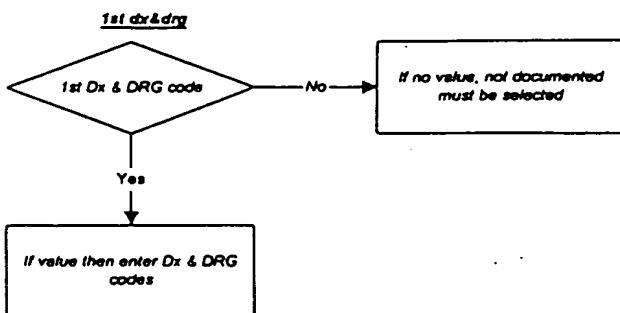


FIG. 7B

08/563642

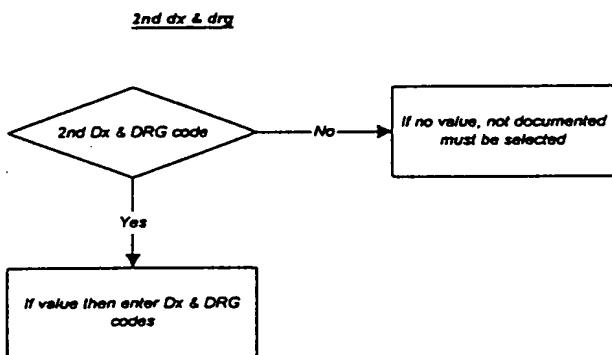
Patient Disposition from Emergency

Final Hospital diagnoses



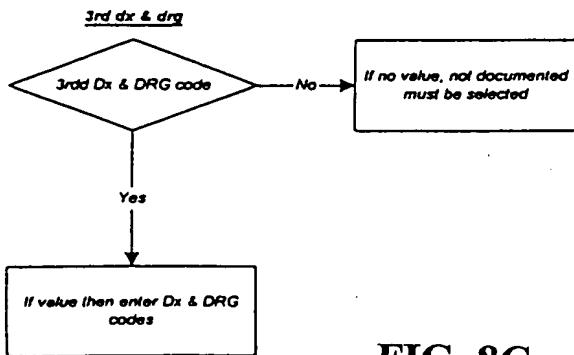
**FIG. 8A**

Final Hospital diagnoses



**FIG. 8B**

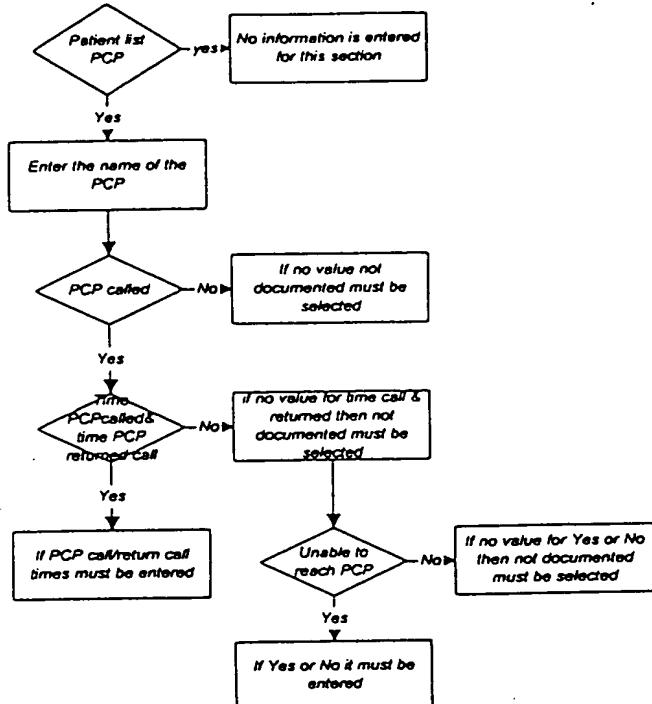
Final Hospital diagnoses



**FIG. 8C**

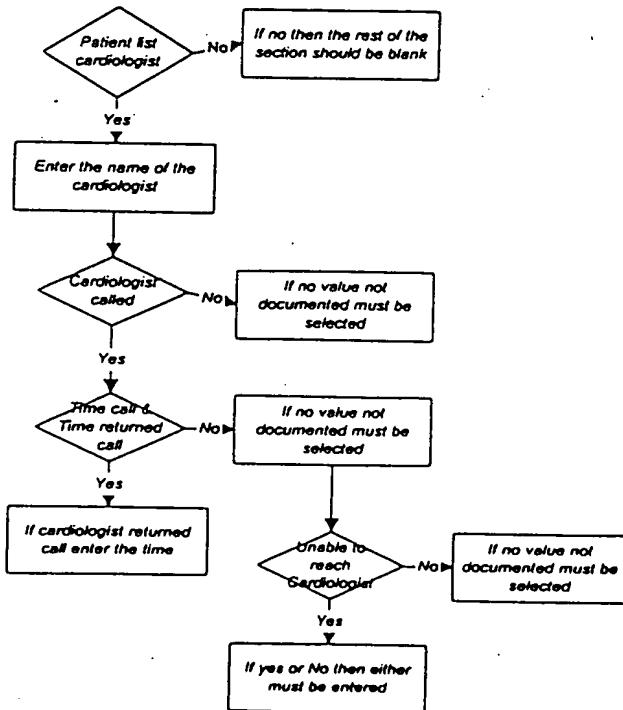
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PRIMARY CARE PHYSICIAN (PCP)



**FIG. 9A**

CARDIOLOGIST



**FIG. 9B**

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NO PHYSICIAN  
LISTED

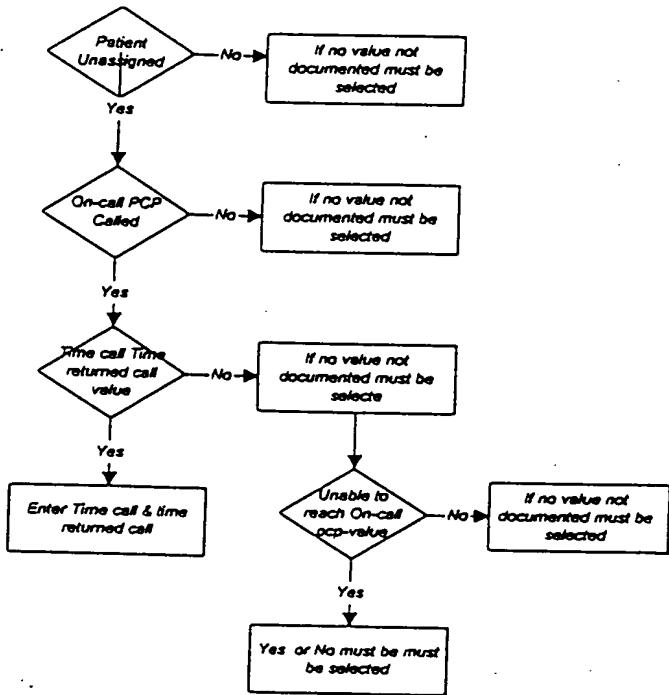
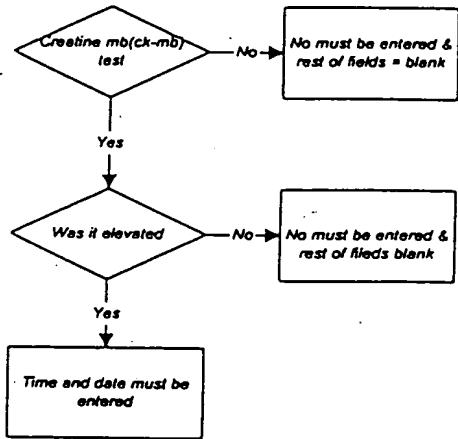
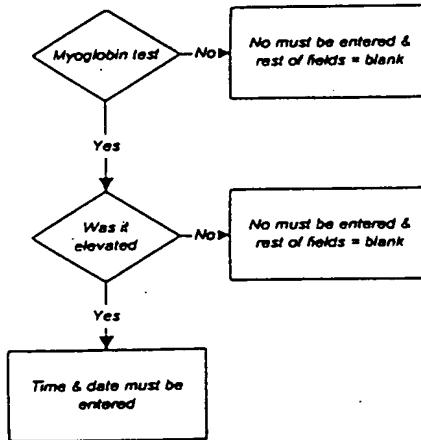
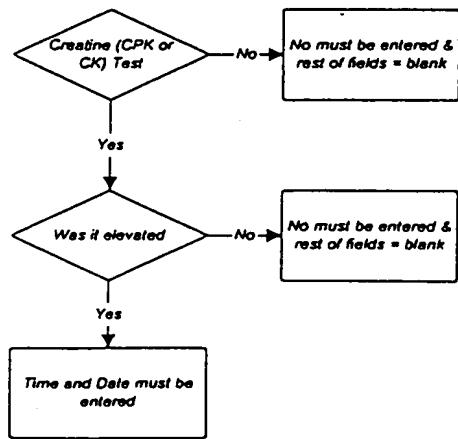
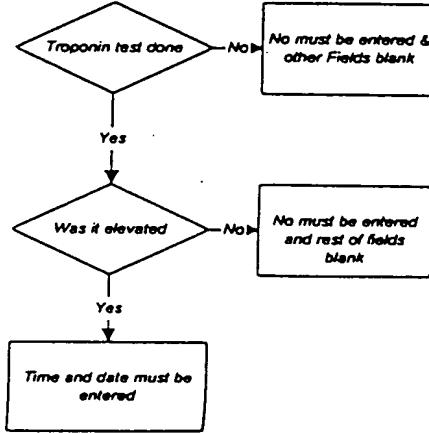
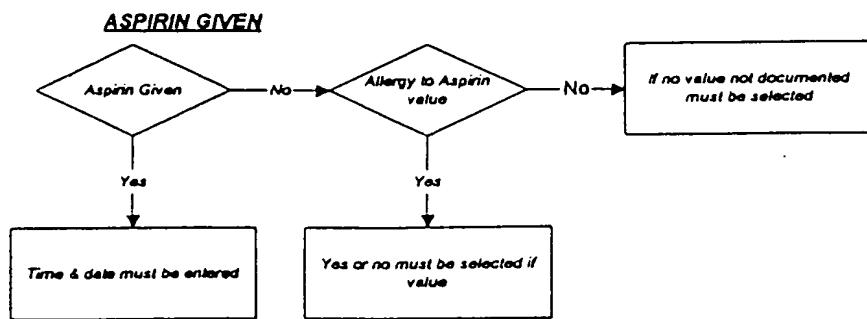


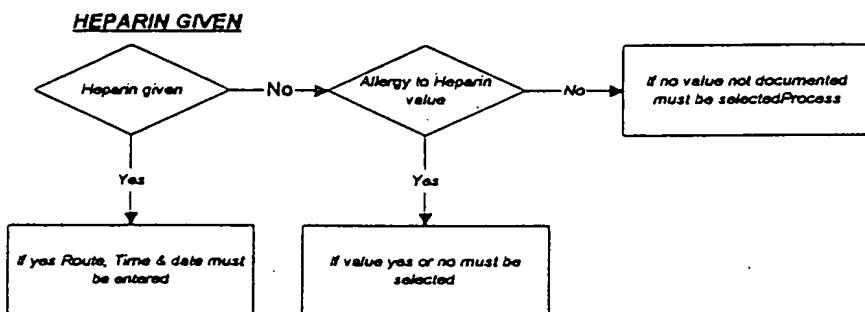
FIG. 9C

CREATINE mb(ck-mb) test**FIG. 10A**MYOGLOBIN TESTING**FIG. 10B**CREATINE (CPK OR CK)**FIG. 10C**TROPONIN TESTING**FIG. 10D**

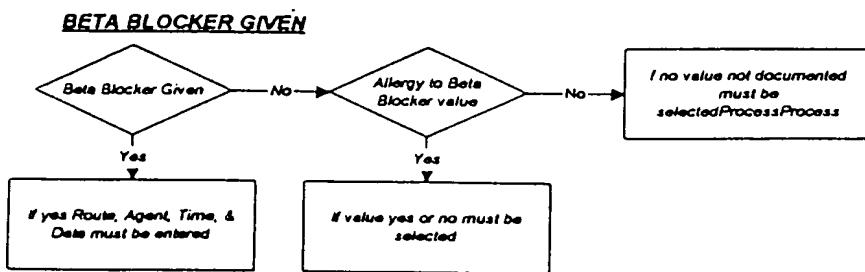
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**FIG. 11A**



**FIG. 11B**



**FIG. 11C**

08/563642

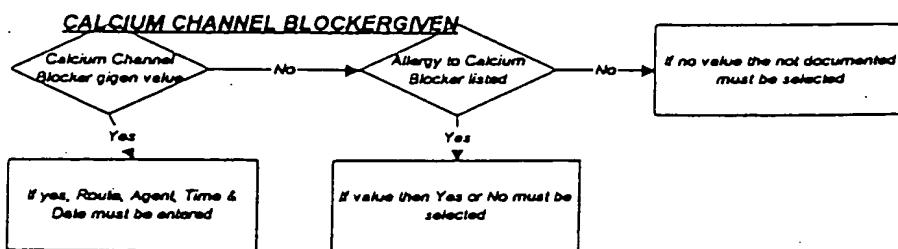


FIG. 11D

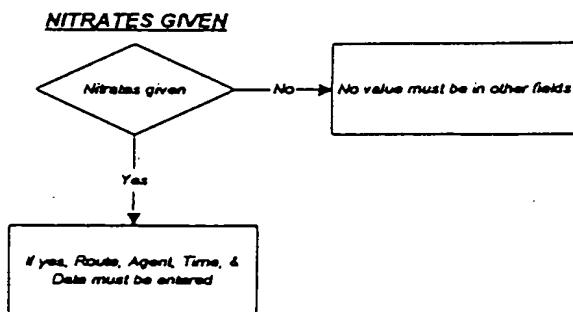


FIG. 11E

08/563642

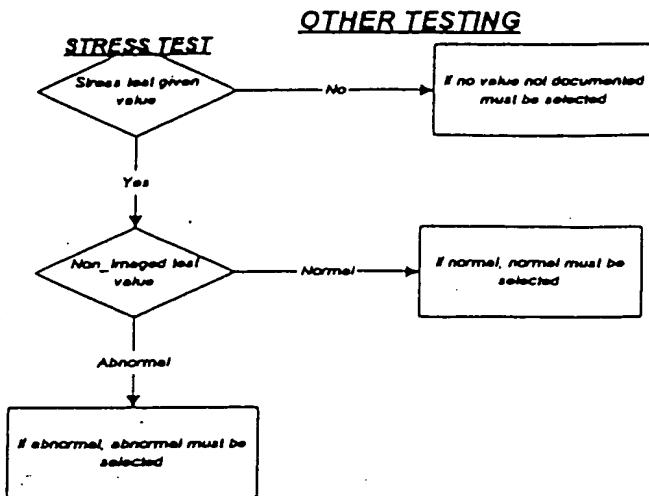


FIG. 12A

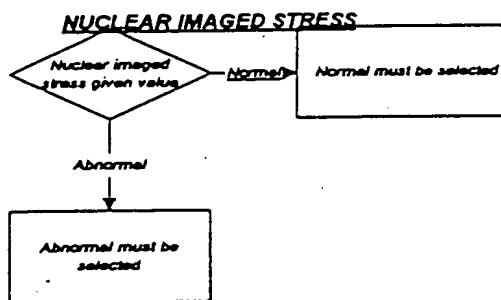


FIG. 12B

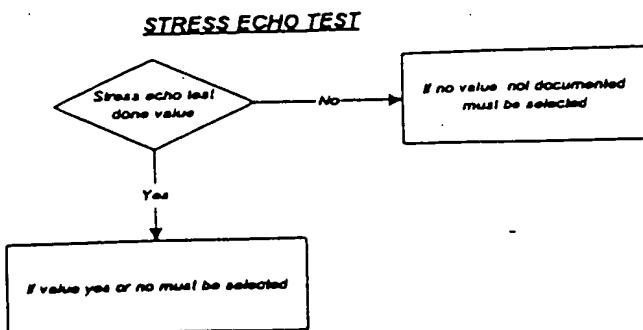
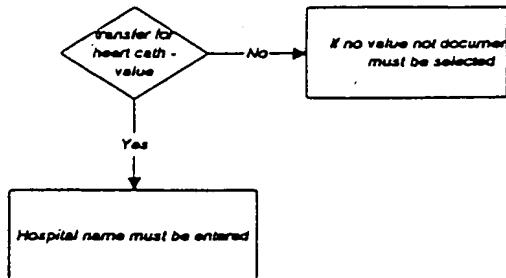


FIG. 12C

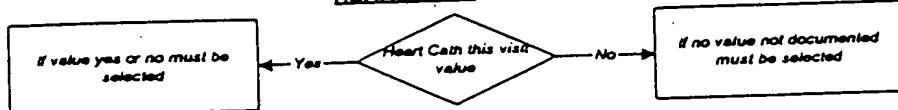
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TRANSFER FOR HEART CATH



**FIG. 12D**

HEART CATH

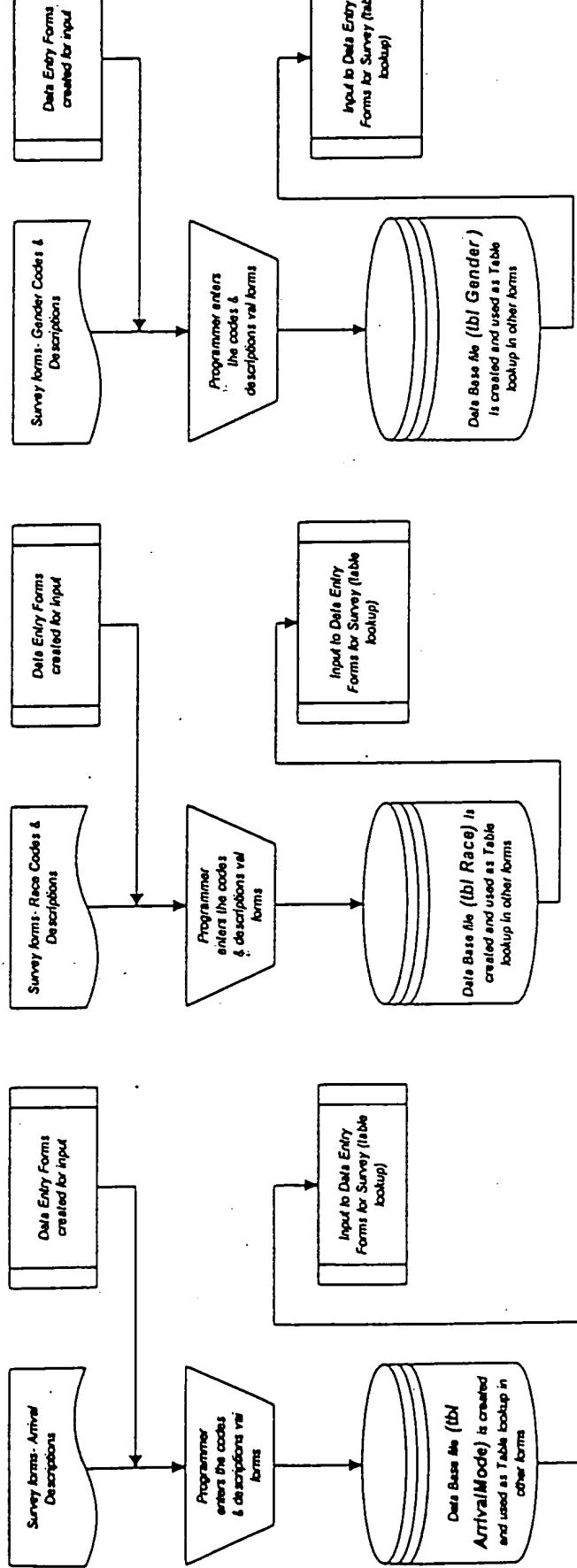


**FIG. 12E**

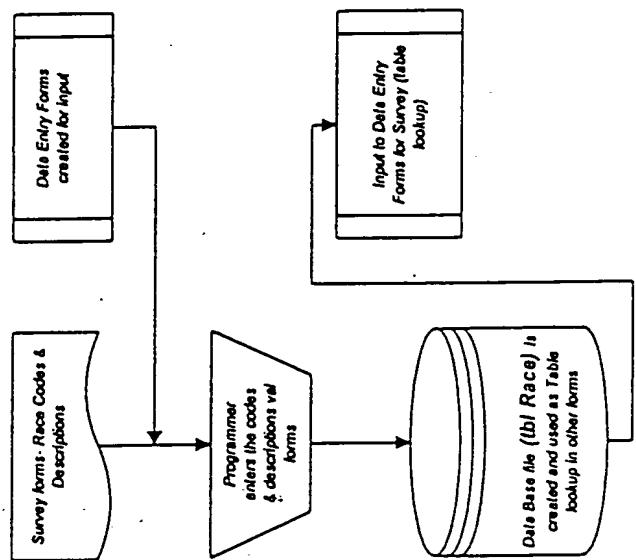
**FIG. 13**

**File Creation Flow Process For Table Lookups Used In Data Entry**

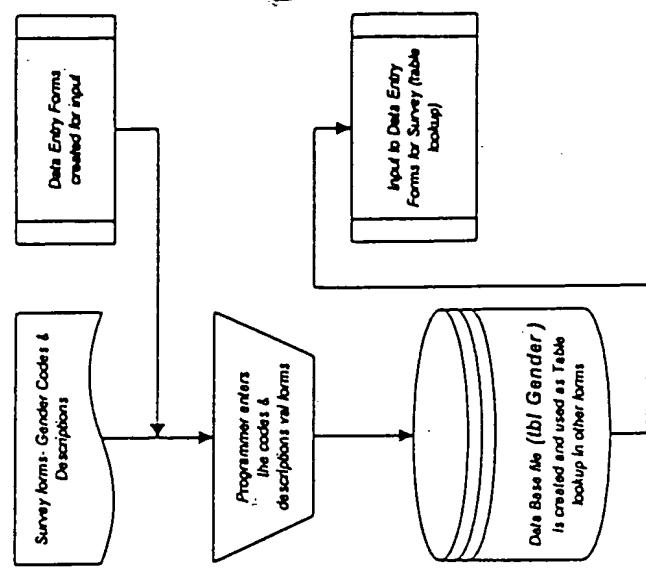
**Table : Arrival Mode**



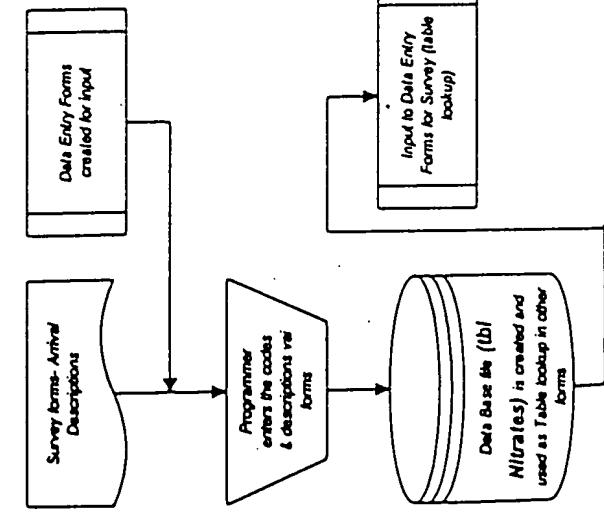
**Table : Race**



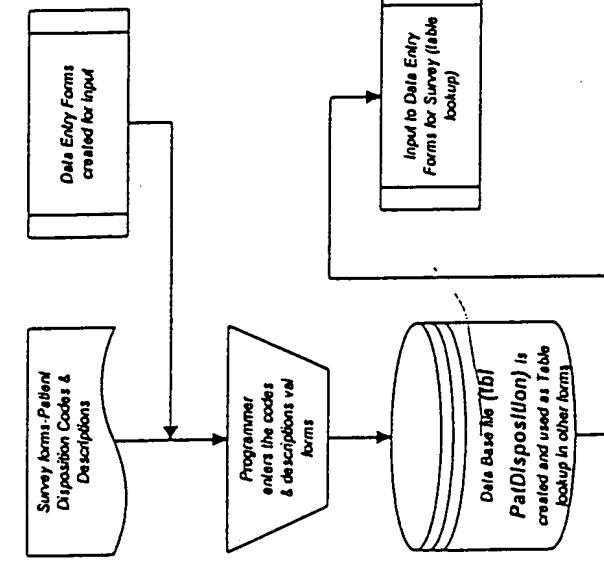
**Table : Gender**



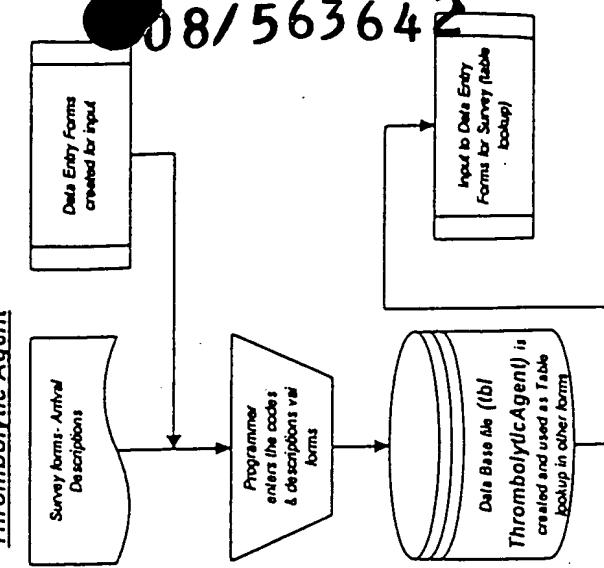
**Table : Nitrates**



**Table : Patient Disposition**



**Table : Thrombolytic Agent**



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## FIG. 14

### File Creation Flow Process For Table Lookups Used In Data Entry

Table : Heparin

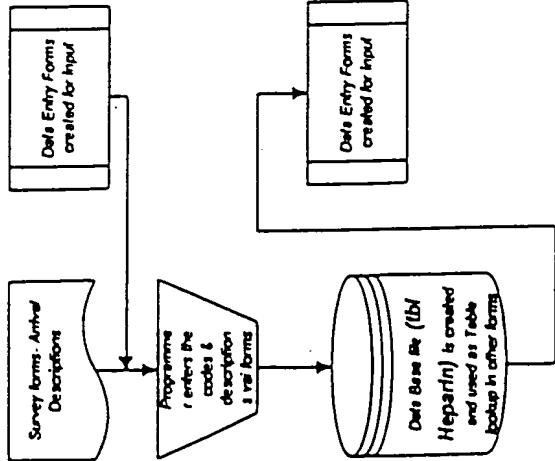


Table : Beta Blocker

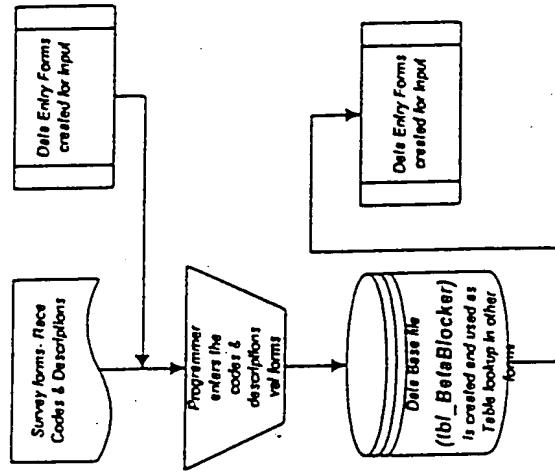


Table : Calcium Channel Blocker

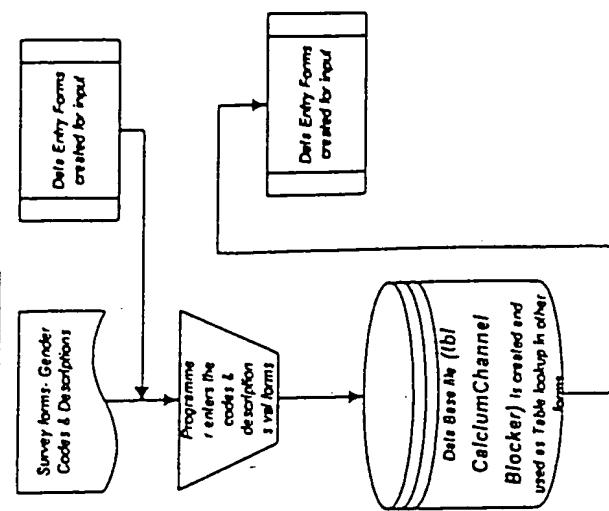


Table : Other Testing

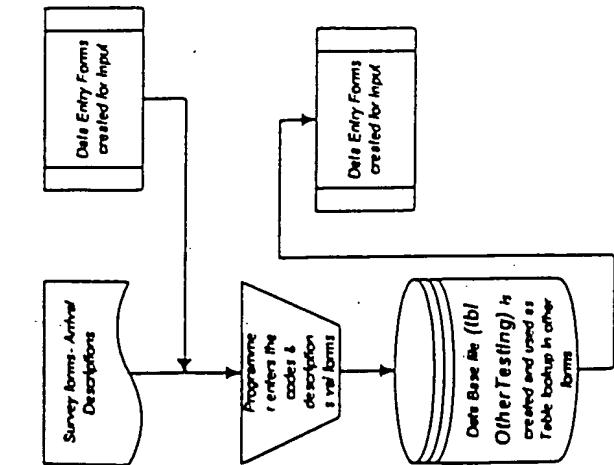


Table : ED EKG Category Descriptions

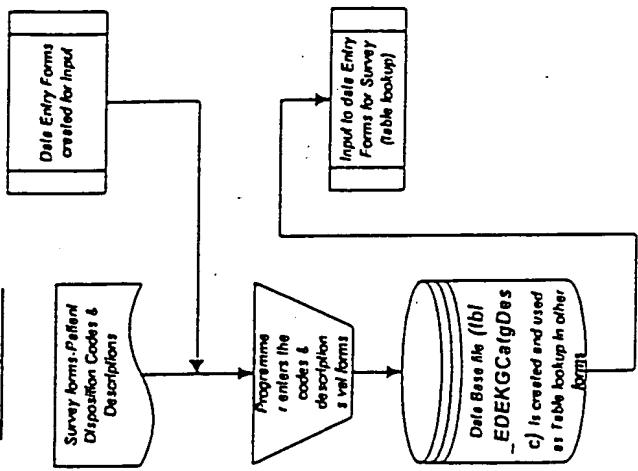
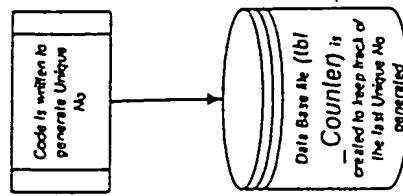


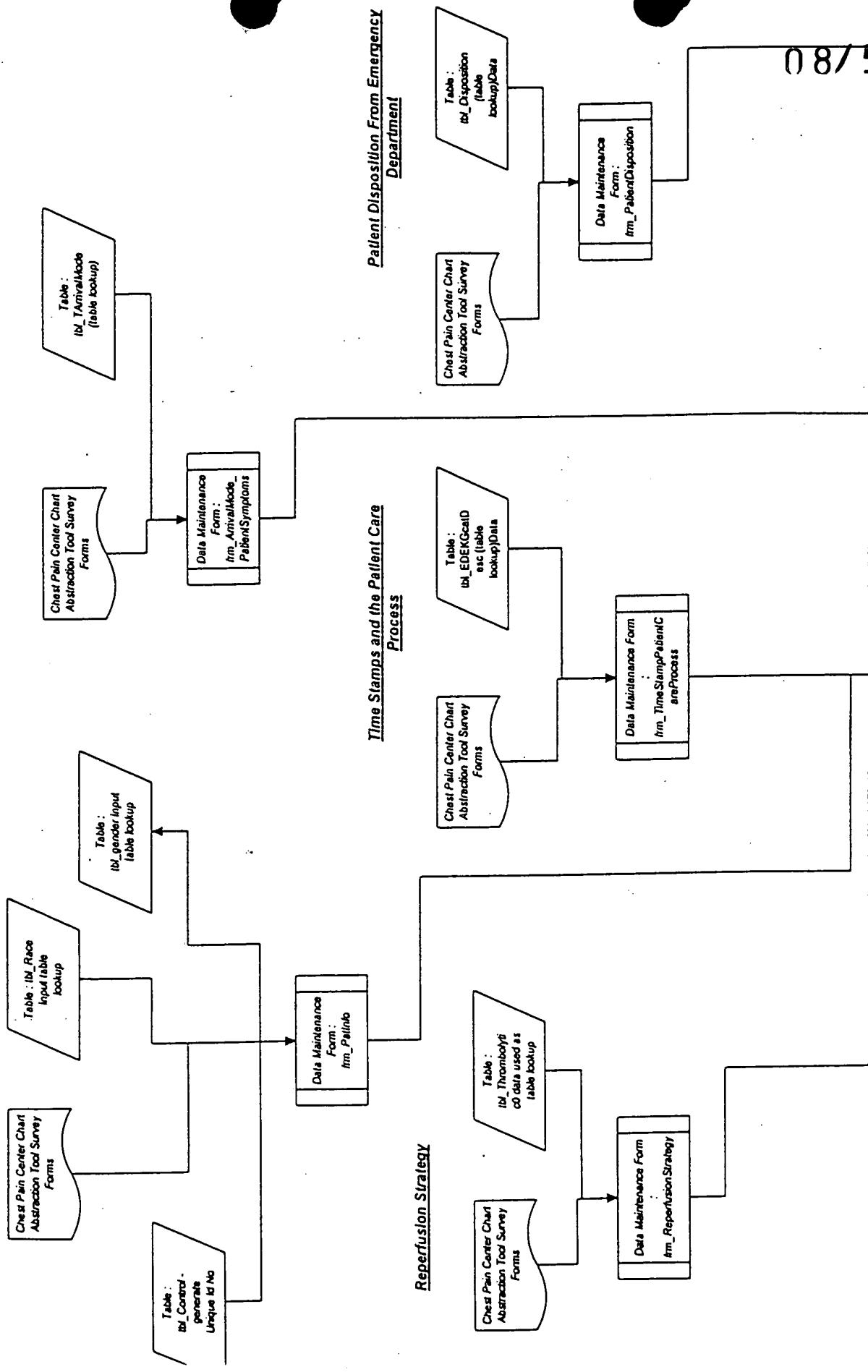
Table : Counter



### Creation of Master database File Process Flow - (tbl\_patientinfo) Patient Information

#### Input Docs, Files & Forms

##### Patient Information



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FIG. 15

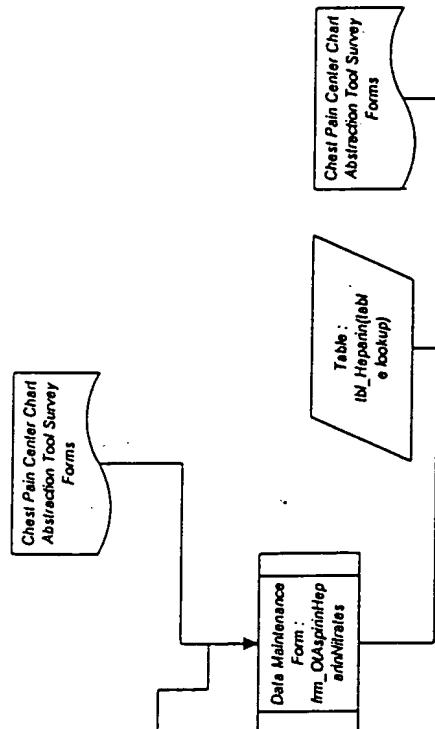
Creation of 2nd Master Data base File Process Flow (tbl\_patpcpn) Patient Information

Input Docs, Files, & Forms

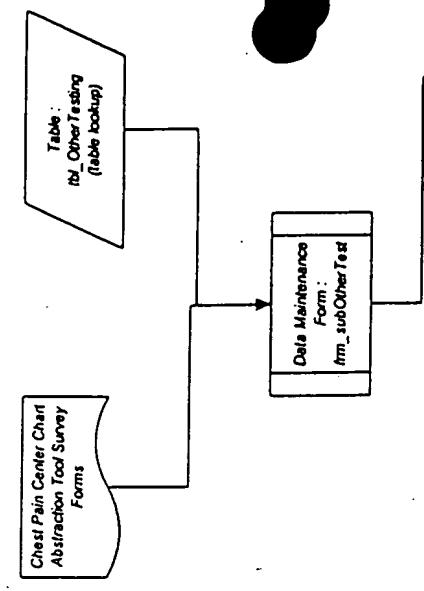
Other Treatments - Nitrates



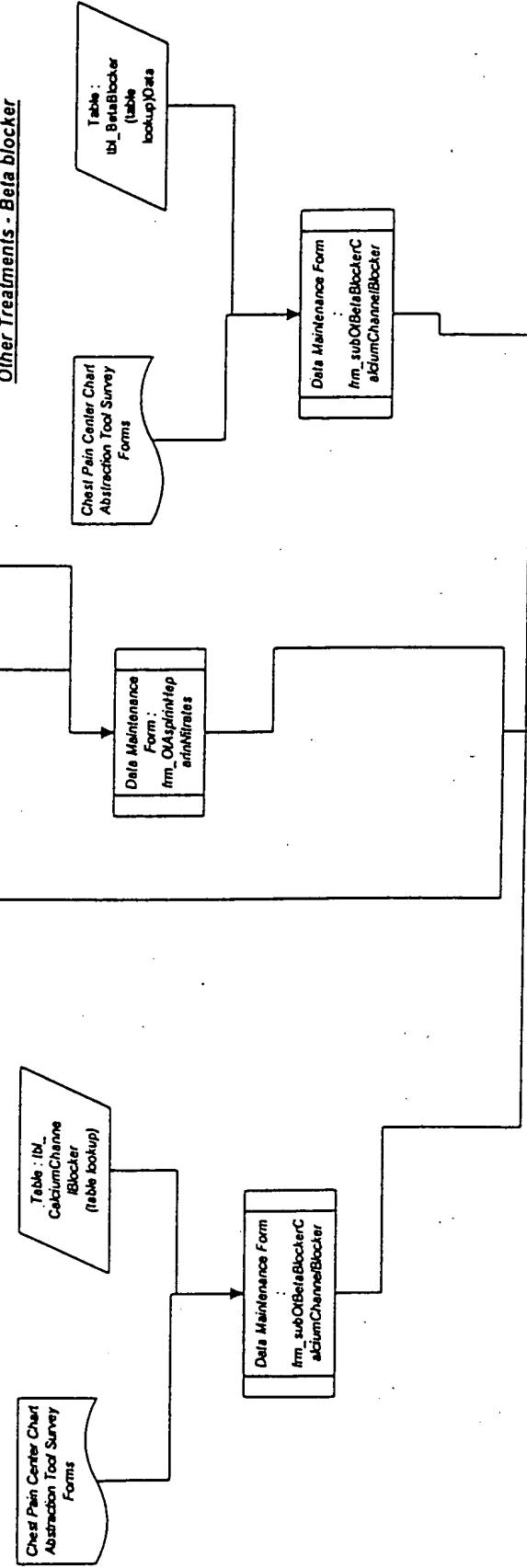
Other Treatments - Heparin



Other Testing Stress



Other Treatments - Calcium Channel Blocker



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FIG. 16

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Chest Pain Center Chart Abstraction Tool Data Forms

Patient Information

Hospital Name: Jackson Memorial Hospital	Patient Name: CARYC	Hospital No.: 1234567890
Mode of Arrival/Patient symptoms	Cardiac Biomarkers (thru CK-MB)	
Time Stamps and the Patient care Process	Cardiac Biomarkers (Tropo I/II)	
Reperfusion Strategy	Other treatments (thru INI rates)	
Patient Disposition from ED	Other Treatments (Blockers)	
PCP/Cardiologist	Other Testing (Thru Lab)	
No Physician Listed	Financial Information - Top Ten Payors	
Close Form		

FIG. 17A

Chest Pain Center Chart Abstraction Tool - Quality Assurance

Patient Information

Hospital Name: Jackson Memorial Hospital		
Patient Name: CARYC	Birth Date: 7/8/65	Gender: F
Unique Hospital Number: 1234567890	Race: H	

Next Previous First Last Find Save Add Undo Delete

Enter/Edit Survey System Maintenance Exit Application

FIG. 17B

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Patient Information		
Hospital Name: Jackson Memorial Hospital	Patient Name: CARYC	Hospital No: 1234567890
Mode of Arrival		
Mode of Arrival: OTHER	Time of Fire & Rescue Notification:	
Time of Fire & Rescue Arrival:		
Which Fire & Rescue Unit Responded:		
Transfer Facility Name:		
Other Transfer Description:	kkkk	
Patient Symptoms		
Chest Pain: <input checked="" type="checkbox"/>	Chest Discomfort: <input checked="" type="checkbox"/>	Angina: <input checked="" type="checkbox"/>
Chest Burns: <input checked="" type="checkbox"/>	I'm having heart attack: <input checked="" type="checkbox"/>	Neck Pain: <input checked="" type="checkbox"/>
Arm/shoulder pain: <input checked="" type="checkbox"/>	Short of breath: <input checked="" type="checkbox"/>	Abdominal pain: <input checked="" type="checkbox"/>
Others: <input checked="" type="checkbox"/>	Other Symptom Description: TEST	
Time of first onset of significant symptoms:	12:00	No Documented: <input type="checkbox"/>
Date of first onset of significant symptoms (if different from ED arrival date):	11/11/95	
<b>Closer Form</b>	<b>Time Stamps and Patient Care Process</b>	

FIG. 17C

Patient Information		
Hospital Name: Jackson Memorial Hospital	Patient Name: CARYC	Hospital No: 1234567890
Time Stamps and the Patient Care Process		
Date ED Visit:	11/11/95	Not Documented: <input type="checkbox"/>
Time of Arrival to ED:		Not Documented: <input checked="" type="checkbox"/>
Time of first ED EKG:		Not Documented: <input checked="" type="checkbox"/>
Date First ED EKG (if different from arrival date):	11/11/95	
Time the first EKG seen by ED doctor:		Not Documented: <input checked="" type="checkbox"/>
Date first ED EKG seen by ED doctor (if different from arrival date):	11/11/95	
Time doctor makes decision to use thrombolytic or direct angioplasty:		Not Documented: <input checked="" type="checkbox"/>
Date doctor makes decision (if different from arrival date):	11/11/95	
What was the first ED EKG (as read by the ED physician)?	DIAGNOSTIC ACUTE ISCHEMIA/INFARCTION	
Did the ED physician document his/her EKG interpretation?	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did the ED physician sign his/her EKG interpretation?	<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What was the first ED EKG (as read by the official reader)?	ABNORMAL NONDIAGNOSTIC ACUTE	
Time of first EKG felt to be diagnostic for acute ischemia/infarction:		
Date of first diagnostic EKG (if different from arrival date):		
How did the official reader interpret this EKG?	ABNORMAL NONDIAGNOSTIC ACUTE	
<b>Closer Form</b>	<b>Reperfusion Strategy</b>	

FIG. 17D

08/563642

Patient Information		
Hospital Name: Jackson Memorial Hospital	Patient Name: CARYC	Hospital No: 1234567890
Reperfusion Strategy		
Thrombolytic agent given?	Thrombolytic Agent Type? _____	
<input type="checkbox"/> Yes		
<input checked="" type="checkbox"/> No		
Time thrombolytic agent initiated:	Date (if different from arrival date): _____	
Did patient receive tPA?	Did patient undergo rescue angioplasty? _____	
<input type="checkbox"/> Yes		
<input checked="" type="checkbox"/> No		
Primary angioplasty?	Time to Wire: _____	
<input type="checkbox"/> Yes		
<input checked="" type="checkbox"/> No		
Date (if different from arrival date): _____	Time artery opened: _____	
<input type="button" value="Close Form"/> <input type="button" value="Patient Disposition from ED"/>		

FIG. 17E

Patient Information		
Hospital Name: Jackson Memorial Hospital	Patient Name: CARYC	Hospital No: 1234567890
Patient Disposition from Emergency Department		
Patient Disposition from Emergency Department: TRANSFER HOSPITAL		
Admitted to hospital, what unit did the patient get admitted to? _____		
Transferred to another hospital, which hospital? _____	lkujhkhjhk	
ED physician made decision to admit or transfer: _____	Not Documented	
Date (if different from arrival date): 11/11/95	Time patient actually left the ED: 15:45	
Date (if different from arrival date): 11/11/95		
Final ED Diagnoses (2) (from ED record)		
First Dx: tttt	Billing Code: tttt	Not Documented
Second Dx: tttt	Billing Code: tttt	Not Documented
Final Hospital Discharge Diagnoses (3) (from hospital chart if patient was admitted)		
First Dx: tttt	DRG Code: tttt	Not Documented
Second Dx: 9999	DRG Code: tttt	Not Documented
Third Dx: tttt	DRG Code: 9999	Not Documented
<input type="button" value="Close Form"/> <input type="button" value="PCP: Cardiologist"/>		
Caregiver Information		
Name of Emergency Physician caring for patient: _____		
Name of Emergency Nurse caring for patient: _____		

FIG. 17F

08/563642

**Patient Information**

Hospital Name: Jackson Memorial Hospital      Patient Name: CARYC      Hospital No.: 1234567890

**Primary Care Physician**

Did the patient list a primary care physician?  
 Yes  No      If yes, name: \_\_\_\_\_

Was the primary care physician called?  
 If yes, time PCP was called: \_\_\_\_\_ Not Documented:   
 If yes, time PCP returned the call: \_\_\_\_\_ Not Documented:   
 If yes, unable to reach the PCP: \_\_\_\_\_ Not Documented:

**Cardiologist**

Did the patient list a cardiologist?  
 Yes  No      If yes, name: \_\_\_\_\_

Was a Cardiologist called?  
 If yes, time Cardiologist was called: \_\_\_\_\_ Not Documented:   
 If yes, time Cardiologist returned the call: \_\_\_\_\_ Not Documented:   
 If yes, unable to reach the Cardiologist: \_\_\_\_\_ Not Documented:

**Close Form**      **No physician listed**

FIG. 17G

**Patient Information**

Hospital Name: Jackson Memorial Hospital      Patient Name: CARYC      Hospital No.: 1234567890

**No Physician Listed**

Was the patient "unassigned" (did not have a physician)?  
 Yes  No

If yes, was the "on-call" PCP called?  
 If yes, time "on-call" PCP was called: \_\_\_\_\_ Not Documented:   
 If yes, time "on-call" PCP returned the call: \_\_\_\_\_ Not Documented:   
 If yes, unable to reach the "on-call" PCP: \_\_\_\_\_ Not Documented:

**Close Form**      **Cardiac Biomarkers (thru CK-MB)**

FIG. 17H

08/563642

Cardiac Biomarkers		
Was myoglobin testing done?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was it elevated? <input type="checkbox"/>
If elevated, what was time of first abnormal test?		<input type="checkbox"/>
Date (if different from arrival date)		<input type="checkbox"/>
Was creatine kinase (CPK or CK) testing done?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was it elevated? <input type="checkbox"/>
If elevated, what was time of first abnormal test?		<input type="checkbox"/>
Date (if different from arrival date)		<input type="checkbox"/>
Was creatine kinase MB (CK-MB) testing done?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was it elevated? <input type="checkbox"/>
If elevated, what was time of first abnormal test?		<input type="checkbox"/>
Date (if different from arrival date)		<input type="checkbox"/>

FIG. 17I

Cardiac Biomarkers		
Was Troponin testing done?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was it elevated? <input type="checkbox"/>
If elevated, what was time of first abnormal test?		<input type="checkbox"/>
Date (if different from arrival date)		<input type="checkbox"/>
Was only a single CPK, CK or CK-MB done?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was a 0-4-12 hour protocol followed?		<input type="checkbox"/>
Was a 0-8-16 hour protocol followed?		<input type="checkbox"/>

FIG. 17J

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Other treatments			
Aspirin given:		Type of route:	[Redacted]
<input type="checkbox"/>	Yes	Date (if different from arrival date):	[Redacted]
<input checked="" type="checkbox"/>	No	If no, allergy to aspirin listed:	[Redacted]
Heparin given:		Type of route:	[Redacted]
<input type="checkbox"/>	Yes	Date (if different from arrival date):	[Redacted]
<input checked="" type="checkbox"/>	No	If no, allergy to heparin listed:	[Redacted]
Urticaria given:		Type of route:	[Redacted]
<input type="checkbox"/>	Yes	Name of agent used:	[Redacted]
<input checked="" type="checkbox"/>	No	Date (if different from arrival date):	[Redacted]

FIG. 17K

Other treatments			
Beta Blocker given:		Type of route:	[Redacted]
<input type="checkbox"/>	Yes	Name of agent used:	[Redacted]
<input checked="" type="checkbox"/>	No	Date (if different from arrival date):	[Redacted]
If no, allergy to Beta Blocker listed:		[Redacted]	[Redacted]
Calcium channel Blocker given:		Type of route:	[Redacted]
<input type="checkbox"/>	Yes	Name of agent used:	[Redacted]
<input checked="" type="checkbox"/>	No	Date (if different from arrival date):	[Redacted]
If no, allergy to Calcium Channel Blocker listed:		[Redacted]	[Redacted]

FIG. 17L

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**Financial Information Top Ten Payors**

Payor1	
Payor2	
Payor3	
Payor4	
Payor5	
Payor6	
Payor7	
Payor8	
Payor9	
Payor10	
OtherPayor	

**Closed Form**

**FIG. 17M**

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